

School Certificate of Immunization Status (CIS)

Quick Reference Guide: How to Print a CIS using the Washington State Immunization Information System.*

Step by Step Directions:

1. Log into the Immunization Information System with your username and password.
2. Using the Navigation Menu click on the **Patient Menu Heading**.
3. Click on the words *Search/Add*.
4. Enter the search criteria, i.e. child's/patient's name and birth date. (Enter the birth date as a string of numbers; for example, enter May 8, 2005 as 050805 or 05082005.)
5. Click **SEARCH**.
6. If the child/patient appears in the Search Results, click on the arrow to the left of the child's/patient's name (the select-arrow-button) to view the demographic information.
7. Confirm you have the correct child/patient.
8. You can now view the CIS.
9. Using the navigation menu, click on the **Reports Menu Heading**.
10. Click on the words *State Reports*.
11. From the State Reports Screen, click on the words "Certificate of Immunization Status (CIS)"
12. The system will get the history of required vaccines from the child's record and auto-fill this information on the CIS.
13. Use your web-browser to print the CIS.

NOTE: You need **NOT** print the CIS in color, double sided, or on cardstock.

* **NOTE:** child care providers do not have access to the Immunization Information System.

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

Patient Search Results							
Records Found = 2		Search Criteria: First Name / Last Name (Exact)					
Select	First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
<input type="radio"/>	MARIA		PAN	12/12/2003	4064458	MARIA	
<input type="radio"/>	MARIA		PAN	01/10/2005	4064459	CINDY	

2 records were found. Notice the difference in the Patient's Birth Date and Guardian's (Grd) First Name to select the appropriate patient.



Have Questions? Need Help?

Call or email the Help Desk at **1-800-325-5599** or cphelpdesk@kingcounty.gov.

Vaccine	Dose	Date		
		Month	Day	Year
Hepatitis B (Hep B)				
Hep B	1	01	10	2005
Hep B-Pdx	2	03	10	2005
Hep B-Pdx	3	05	15	2005
Hep B-Pdx		07	20	2005
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP Dose	4	03	10	2005

Vaccine	Dose	Date		
		Month	Day	Year
Polio (IPV, OPV)				
IPV-Pdx	1	03	10	2005
IPV-Pdx	2	05	15	2005
IPV-Pdx	3	07	20	2005
IPV	4	01	17	2009
Influenza (flu, most recent)				
Measles, Mumps, Rubella (MMR)				
MMR	1	01	25	2006
MMR	2	01	17	2009

Office Use Only:
Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? ☐ Yes ☐ No

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below – see, back #5

1) ☒ Chickenpox disease verified by printout from CHILD Profile Immunization Registry. Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by Health Care Provider (HCP). If you choose this box, mark 2A OR 2B below:
2A) ☐ Signed note from HCP attached OR
2B) ☐ HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
HCP Printed Name: _____

3) ☐ Chickenpox disease verified by school staff from CHILD Profile Immunization Registry. If you choose this box, staff must initial that parent or _____